FOOD STAMP PROGRAM REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the FS 24 for your records. For counties asking for policy interpretations, submit the question directly to a FRAT representative via e-mail. For other organizations (e.g., Quality Control, Administrative law Judges), submit questions directly to the Food Stamp Policy implementation Unit or Employment and Special Projects Unit representative via e-mail.

| Submit questions directly to the Food Stamp Policy implementation unit of Employ | ment and Special Projects Unit represen | tative via e-mail. |
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| 1. RESPONSE NEEDED DUE TO: | 5. DATE OF REQUEST | NEED RESPONSE BY: |
| Policy/Regulation Interpretation | 03-11-09 | 03-11-09 |
| QC Fair Hearing | 6. COUNTY/ORGANIZA Los Angeles County | TION: |
| Immediate Need/Emergency Services | 7. SUBJECT: | |
| Cher: LEADER Programming | Expedited Services for Food Stamps | |
| 2. REQUESTOR NAME: LaTanya Lee | 8. REFERENCES: (ACLs/ACINs, FSQADs, etc.) | |
| 3. PHONE NUMBER: (562) 908-6345 | | |
| 4. REGULATION CITE(S): 63-301 | | |
| 9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY); | | |
| This is a QC case that was cited as an | error. | |
| 1. Scenario - An applicant applied for Expedited on her application and Statement of Facts, she wand issued benefits within 3 days. However, this discovered that the pt. had failed to report resounce had bank accounts with balances that excent | was eligible to ES. The is case was pulled for a rces she was in posses: | CWD postponed verification QC review and we sion of when she applied. |
| Concerns: Many times households will not report know, the CWD takes appropriate action to deny and subject to review and we are cited for QC errors as a to the IEVES abstract until after 3-days, there needs avoid this issue. | d/or terminate the case, et a result of postponing verif | c. However, if these cases are ication as well not having access |
| Question: 1. How can this issue be avoided? | | |
| Case Name: Martina Camey Review Number: 09310-006 Sample Month: October 2008 | | |
| 10. REQUESTERS PROPOSED ANSWER: | 14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| 44 FRAT DESCONSE TO COUNTY OURSEION. | | |
| 11. FRAT RESPONSE TO COUNTY QUESTION: | | |
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

12. STATE POLICY RESPONSE (FSPIU USE ONLY): The applicant failed to report resources. The error did not occur as a result of the CWD postponing verification. If the client had correctly reported her resources she would have been ineligible for Expedited Services (ES). Therefore, ES procedures would not apply. This is a client caused error. There is no way the agency could have avoided it. It is the responsibility of the applicant to report their circumstances correctly. FNS Handbook 310, Appendix B (page B-24) states a client error is defined as the failure of the recipient, guardian, or authorized representative to provide correct information or otherwise discharge his/her responsibility in a proper and timely manner. Appendix C, page C-23 lists the full complement of client and agency caused error codes. Codes 1 through 4 are attributable to clients and required to be identified by FNS.

| FOR FRAT USE | | | | |
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| DATE RECEIVED: | DATE RESPONDED TO COUNTY: | DATE FORWARDED TO STATE: | | |
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